

August 1, 2103

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
455 12th Street SW  
Washington, DC 20554

Re: Notice of *Ex Parte* Communication, WC Docket No. 02-60

Dear Ms. Dortch:

On July 15, 2013, Pamela Whitten, Ph.D., Dean of the College of Communication Arts & Sciences at Michigan State University, met with Linda Oliver, Mark Walker, Christianna Barnhart, Eric Ralph, and Jay Schwarz of the Wireline Competition Bureau; Erica Larson and Jaimie Douglas, interns in the Wireline Competition Bureau; Maya Uppaluru of the Consumer and Governmental Affairs Bureau; Matthew Quinn, Director of Healthcare Initiatives; Steve Wildman, Chief Economist; all of the Federal Communications Commission. The purpose of the meeting was to inform Commission staff of her current knowledge of and research in the telemedicine field, in part to help inform the Commission on the design of a Skilled Nursing Facility (SNF) Pilot Program.

Dean Whitten made the following observations during the meeting:

SNF Pilot:

- The Commission should think about what questions it wants the SNF Pilot Program to answer. Deciding this is essential in order to achieve robust results and a successful program. There may be a higher level of interest among urban hospitals and the urban SNFs to which they discharge patients, relative to rural hospitals and SNFs, in part because of the greater volume of patients and HCPs in urban areas.
- Using both quantitative and qualitative measures to evaluate the pilots might be appropriate. Different HCPs often have different ways of measuring health IT (HIT) and telemedicine use and occurrence, and it is important for the Commission to understand how pilot projects will make such measurements. In addition to quantitative measures, the Commission should consider using some “soft” (descriptive or anecdotal) measures to evaluate the success of the SNF pilot.
- More focused pilots might be better, as it is possible to try to measure or accomplish too much. Asking participants to define what they might like to learn from their projects is one possible approach, or the participants could be divided into groups. Another possible approach might be to compare pilots that already have established referral patterns with those that do not. In general, it can be difficult to conduct true “randomized controlled trials” in the area of telemedicine.
- There may be advantages to having outside evaluators for the pilot projects. Potential candidates might be entities that are also interested in the results of the study -- possibly a foundation, university, or partner agency.

Telemedicine and Health IT generally:

- The cost and availability of broadband are factors in health care provider (HCP) access to high speed connectivity, especially in rural areas. Despite this, there is a widespread expectation that Internet connections will be fast, and patients and health care professionals alike will not have the patience for slow or low quality connections.

- A lack of local expertise in information technology may keep SNFs and other HCPs in rural areas from obtaining faster, more reliable connections and from deploying telemedicine and other health IT applications. Support for administrative expenses could help with that (both in the regular RHC programs and in the SNF Pilot). The Commission should consider ways that intensive training could be provided for local information technology staff in order to alleviate this problem.
- The movement to mobile uses of HIT is a major current trend. People increasingly are able to do everything they want to on a mobile device, and health care personnel and patients are no different. Doctors, nurses, and caregivers might be willing to put up with some degradation in quality of the HIT application for the convenience of using HIT on a mobile device.

Respectfully submitted,

          /s/          

Linda Oliver

Deputy Chief, Telecommunications Access Policy Division, Wireline Competition Bureau